



RE: Notice of Proposed Rulemaking (NPR), 1769 (AG29) Regulations BB: Community Reinvestment Act Reg BB

To Whom It May Concern:

The [Well Being In the Nation Network](#) (WIN Network) is a network of 1900+ organizations and communities working together to advance intergenerational well-being and equity. One of our strategic priorities is to advance more equitable economies in the U.S., including through equitable community development. We developed the [Advancing Equitable Economies Policy Library](#) and are now building on it to help change the narrative about our economy and connect with and support changemakers aligned with a vision of a well-being economy. We recognize the critical impact and future potential for community investment in social determinants of health and mental health. We also recognize the historical legacies of racism in our housing sector resulting in discrimination against African-Americans and other BIPOC populations, which has led to inequities in health, wealth, and housing.

On behalf of the WIN Network members listed below, we would like to convey our support of the Notice of Proposed Rulemaking (NPR) on the Community Reinvestment Act (CRA). **We believe that the proposed changes to the Community Reinvestment Act regulations outlined in the NPR would help to clarify and enhance investment to improve intergenerational health, equity and well-being in our communities.** Of note, the proposed CRA changes would help to improve mental, emotional, and spiritual health, in addition to physical health.

We applaud the proposed expanded definition of “community development”, that helps to clarify that banks can - and should - make investments with hospital systems to support community development. Two of the definitional categories, community supportive services and essential community facilities, now name health services explicitly. The proposed changes will enable more banks to feel secure that their investments in medical care facilities and in partnership with healthcare organizations will go towards their CRA credit. This can lead to increased investment and have direct positive impacts on the health and well-being of residents in low- and moderate-income communities.

We urge the agencies to improve data collection for the impact review section of the community development finance test and strongly encourage more routine partnerships with healthcare and public health entities to obtain the most relevant evidence and statistics. Data on impacts such as the number of visits or beds in healthcare facilities or how many housing units had lead paint abatement will better capture the



importance of funding health initiatives and better motivate banks to invest in these initiatives since their outcomes will be more accurately. We also strongly support the proposed data collection for all large banks regarding the dollar amount of community development activity, the category of the activity, and the location of the activity. This specificity and transparency are important for understanding true community impact.

However, within impact assessment it is critically important to recognize that clinical care and personal behavior are not the only factors that contribute to health outcomes. In fact, most health outcomes, both good and bad, are due to social determinants such as affordable and stable housing, income, job opportunities, access to healthy foods, and more. In order to best promote healthier outcomes, we need affordable housing, steady job growth, thriving schools, and recreation and green spaces in our communities. **A strengthened CRA is needed to encourage banks to make loans and investments to support the social determinants of health.**

Finally, and perhaps most importantly, the NPR does not go far enough in considering racial inequality. Persistent racial disparities in lending should compel the agencies to incorporate race and ethnicity into CRA exams. A recent national level analysis showed continuing disparities in loan denials by race, and when people of color receive home loans, their equity accumulation was less. We appreciate the consideration of the health of our underserved communities as a critical part of CRA. We strongly support the commitment to measuring lending by race. We urge the agencies to go further and establish accountability by **explicitly incorporating race/ethnicity into CRA exams.**

We appreciate the efforts to get broad public input. WIN Network members routinely engage people with lived experience in our work. **We urge you to be transparent in reporting the input of community members, particularly in regard to whether community needs are being met.** We also urge you to establish a public directory listing the community members contacted.

Thank you for providing this opportunity for the Well Being In the Nation Network members to comment on this critical rulemaking.

Together,

WIN Network Members and partners:



Well-being and Equity (WE) in the World
Build Healthy Places Network
Children & Nature Network
Community Initiatives Network
Growth Philanthropy Network/Social Impact Exchange
Healthcare Anchor Network
Prevention Institute
Proviso Partners for Health
Purpose Built Communities
Reinvestment Fund
Social Change
The Forbes Funds
Values to Action
Well Being Trust